stryker®
Medical

APEX™ Critical Care Bed

Model 2035/2036

OPERATIONS MANUAL

For Parts or Technical Assistance
1–800–327–0770

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INTRODUCTION

This manual is designed to assist you with the operation of the Model 2035 Stryker APEX™ Critical Care Bed. Read it thoroughly before using the equipment.

SPECIFICATIONS

Maximum Weight Capacity	500 pounds or 227 kilograms
Weigh System Capacity (optional equipment)	patients weighing up to 500 pounds or patients weighing up to 227 kilograms
Weigh System Accuracy (optional equipment)	± 1% of total patient weight
Overall Bed Length/Width	L–91” /W–42.5” or L–231 cm /W–108 cm
Minimum/Maximum Bed Height	20 1/2” to 31” (22 1/2” to 35” enhanced fluoro option) or 52 cm to 79 cm (57 cm to 89 cm enhanced fluoro option)
Knee Gatch Angle	0° to 35°
Back Angle	0° to 90°
Trendelenburg/Reverse Trendelenburg	–10° to +10° (standard height) –12° to +12° (enhanced fluoro option)
Electrical Requirements	115 VAC, 60 Hz, 7.0 Amps 115 VAC, 60 HZ, 12.0 Amps (with optional 115V outlet)

Stryker reserves the right to change specifications without notice.

WARNING / CAUTION / NOTE DEFINITION

The words WARNING, CAUTION and NOTE carry special meanings and should be carefully reviewed.

⚠ WARNING

The personal safety of the patient or user may be involved. Disregarding this information could result in injury to the patient or user.

⚠ CAUTION

These instructions point out special procedures or precautions that must be followed to avoid damaging the equipment.

NOTE

This provides special information to make maintenance easier or important instructions clearer.

Introduction

Warning, Refer to Service/Maintenance Manual

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Alternating Current

Type B Equipment: equipment providing a particular degree of protection against electric shock, particularly regarding allowable leakage current and reliability of the protective earth connection.

Class 1 Equipment: equipment in which protection against electric shock does not rely on BASIC INSULATION only, but which includes an additional safety precaution in that means are provided for the connection of the EQUIPMENT to the protective earth conductor in the fixed wiring of the installation in such a way that ACCESSIBLE METAL PARTS cannot become live in the event of a failure of the BASIC INSULATION.

IPX4: Protection from liquid splash

Dangerous Voltage Symbol

Protective Earth Terminal

Potential Equalization Symbol

Medical Equipment Classified by Underwriters Laboratories Inc. with Respect to Electric Shock, Fire, Mechanical and Other Specified Hazards Only in Accordance with UL 2601–1 and CAN/CSA C22.2 No. 601.1

SAFETY TIPS AND GUIDELINES

Before operating the APEX™ Critical Care Bed, it is important to read and understand all information in this manual. Carefully read and strictly follow the safety guidelines listed on this page.
To ensure safe operation of the bed, methods and procedures must be established for educating and training hospital staff on the intrinsic risks associated with the usage of electric beds.

⚠ WARNING

- Serious injury can result if caution is not used when operating the bed. Operate bed only when all persons are clear of the electrical and mechanical systems.
- Leave the bed in the lowest position when the patient is unattended. Leaving the bed in a raised position could increase the chance of patient falls and injury.
- Leave the siderails fully up and locked when the patient is unattended. After raising the siderails, pull firmly on the siderail to ensure it is securely locked into the up position. Siderails are not intended to serve as a patient restraint device to keep patients from exiting the bed. Siderails are designed to keep a patient from inadvertently rolling off the bed. It is the responsibility of the attending medical personnel to determine the degree of restraint necessary to ensure a patient will remain in bed. Failure to utilize the siderails properly could result in patient injury.
- Always apply the caster brakes when a patient is on the bed and push on the bed to ensure the brakes are locked. Injury could result if the bed moves while a patient is getting in or out of bed.
- Ensure the brakes are completely released prior to attempting to move the bed. Attempting to move the bed with the brakes actuated could result in injury to the user and/or patient.
- Assistance is required to lower the Back if the angle of the Back is greater than 80° when the CPR emergency release is activated. Attempting to lower the Back in this position without assistance may result in injury to the operator.
- The Bed Exit System is intended only to aid in the detection of a patient exiting the bed. It is NOT intended to replace patient monitoring protocol. The bed exit system signals when a patient is about to exit. Adding or subtracting objects from the bed after arming the bed exit system may cause a reduction in the sensitivity of the bed exit system.
- Hand wash all surfaces of the bed with warm water and mild detergent. Dry thoroughly. DO NOT STEAM CLEAN, PRESSURE WASH, HOSE OFF OR ULTRASONICALLY CLEAN. Using these methods of cleaning is **not** recommended and may void this product's warranty.
  Inspect the mattress cover after each use. Discontinue use if any cracks or rips are found in the cover which may allow fluids to enter the mattress. Exposure to fluids may cause injury to patient and/or user.
- If large fluid spills occur in the area of the circuit boards or motors, immediately unplug the bed power cord from the wall socket. Remove the patient from the bed and clean up the fluid. Have maintenance completely check the bed. Fluids can short out controls and may cause the bed to operate erratically or make some functions completely inoperable. Component failure caused by fluids could even cause the bed to operate unpredictably and could cause injury to the patient. DO NOT put the bed back into service until it is completely dry and has been thoroughly tested for safe operation.
- Preventative maintenance should be performed at a minimum of biannually to ensure all features are functioning as designed. Close attention should be given to safety features including, but not limited to:
  Safety side latching mechanisms — Caster braking systems
  Leakage current 100 microamps max. — No controls or cabling entangled in bed mechanisms
  Frayed electrical cords and components
  All controls return to off or neutral position when released
- Always unplug the bed during service or cleaning. When working under the bed, always place blocks under the litter frame to prevent injury in case the Bed Down switch or pedal is accidently activated.
- When using or transporting an O2 bottle, do not place the bottle in or on any location on the bed other than the O2 bottle holder located on the base hood.
- The APEX™ Critical Care Bed is not intended for pediatric use or for patients under 50 pounds.
- Explosion Hazard – do not use bed in the presence of flammable anesthetics.

SET–UP PROCEDURES

It is important that the APEX Critical Care Bed is working properly before it is put into service. The following list will help ensure that each part of the bed is checked.

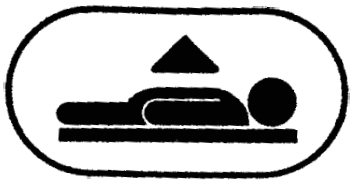
- Plug the bed into a properly grounded, hospital grade wall receptacle.

⚠ **WARNING**

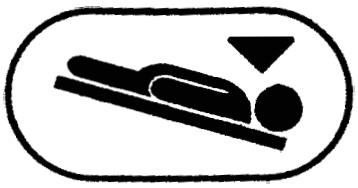
The APEX Critical Care Bed is equipped with a hospital grade plug for protection against shock hazard. It must be plugged directly into a properly grounded three–prong receptacle. Grounding reliability can be achieved only when a hospital grade receptacle is used.

- Depress the pedal at either end of the bed fully to set the four wheel brakes and ensure all four casters lock. Toggle the pedal to the neutral position to release the brakes.
- If the bed is equipped with the locking caster option, toggle the brake/steer pedal to put the bed in the steer mode and ensure the locking caster engages.
- Ensure the bed will lower to the full down position by depressing both drop pedals at the side of the bed.
- Raise the bed to the full up position by depressing the pedal identified by the bed up label on the base hood.
- Ensure the head end lowers to the full down position by depressing the pedal identified by the head down label.
- Depress the pedal identified by the foot down label and ensure the foot end lowers to the full down position.
- Ensure the siderails raise and lower smoothly and lock in the up and intermediate positions.
- Run through each function on the foot board control panel and ensure that each is working properly (see function lockout system usage, page 14 and weigh system control panel guide, page 17).
- Ensure all functions are working properly on the siderail controls.
- Raise the Back up to approximately 60°. Squeeze the CPR release handle and ensure the Back and Knee will drop with minimal effort.

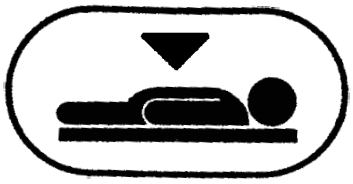
OPERATING SYMBOLS



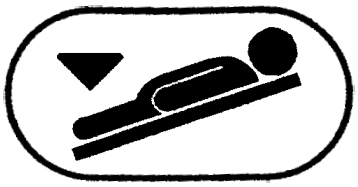
Lift Pedal
Pump pedal to raise bed. Hold pedal down to activate motorized pump operation (when the bed power cord is plugged into the wall outlet).



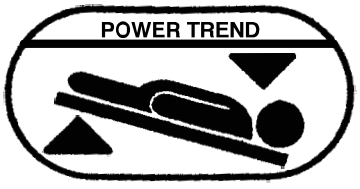
Head Down Pedal
Depress pedal to lower head end.
Note: Depress both Head and Foot end pedals at the same time to lower litter.



Descent Pedal
Depress center of pedal to lower both ends of the litter together.

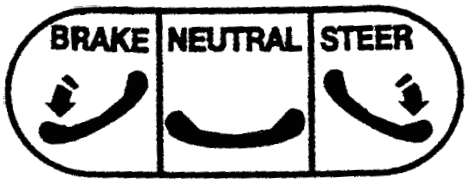


Foot Down Pedal
Depress pedal to lower foot end.
Note: Depress both Head and Foot end pedals at the same time to lower litter.



Power Trendelenburg Pedal
Depress pedal to lower head end and raise foot end simultaneously (when the bed power cord is plugged into the wall outlet).

BRAKE/STEER PEDAL OPERATION



Depress fully the side of the pedal at the patient's right to engage the locking caster. Depress fully the side of the pedal at the patient's left to set the four wheel brakes.

⚠ WARNING

Always apply the caster brakes when a patient is getting on or off the bed. Push on the bed to ensure the brakes are securely locked. Always engage the brakes unless the bed is being moved. Injury could result if the bed moves while a patient is getting on or off the bed.
Ensure the brakes are completely released prior to attempting to move the bed. Attempting to move the bed with the brakes actuated could result in injury to the user and/or patient.

The purpose of the locking caster is to help guide the bed when transporting a patient along a straight line and also for pivoting at corners.

Important: For proper "tracking" of the locking caster, push the bed approximately 10 feet to allow the wheels to face the direction of travel before engaging the steer pedal. If this procedure is not followed, proper "tracking" will not occur, causing difficulty with steering the bed.

USING THE 115 VOLT OUTLET OPTION

⚠ CAUTION

Only use equipment with the following electrical specs: 115 VAC; 12A; 60Hz. Maximum

Maximum total load drawn by equipment used in this receptacle outlet must not exceed 12A.
The bed power cord must be plugged into a properly grounded three prong wall receptacle for the outlet to work. Always plug the outlet option cord (black) into a separate wall circuit than the bed power cord.

NOTE
If the 115V outlet encounters current draw higher than 12 amps, the circuit breaker will trip. To reset the breaker, push in the post on the circuit breaker located next to the 115 volt outlet.

CPR EMERGENCY RELEASE USAGE

If the Back and/or Knee is raised and quick access to the patient is needed, squeeze one of the two red emergency release handles, located under the litter top at the head section on either side of the bed, and the Back and Knee will lower to a flat position. The handle can be released at any time to stop the Back from lowering.

⚠ WARNING

Assistance is required to lower the Back if the angle of the Back is greater than 80° when the CPR emergency release is activated. Attempting to lower the Back in this position without assistance may result in injury to the operator.

CPR BOARD USAGE

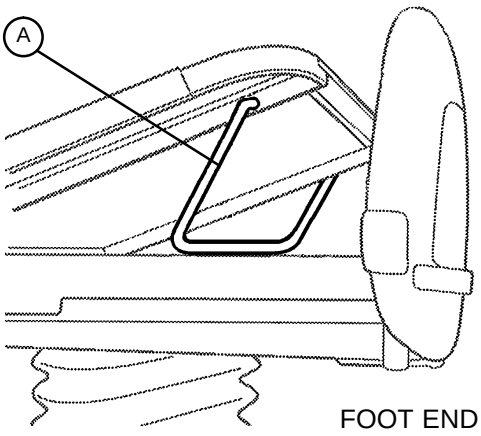
The CPR board is stored on the bed's head board. To remove it, pull it away from the head board and lift it out of the storage position. The head board can also be removed and used as an emergency CPR board.

FOLEY BAG HOOKS USAGE

The standard Foley bag hooks are found at three locations on both sides of the bed, under the frame rail below the seat section, below the thigh section and at the extreme foot end of the bed. The patient weight reading on the bed scale system will not be affected when the Foley bag hooks are used.

FOOT PROP USAGE

To prop the foot end of the Knee up, lift the litter frame at the end of the Knee, allowing the prop arm (A) to swing down and engage at the desired height. To release the foot prop, lift up on the frame, swing the prop arm toward the head end of the bed and lower the foot end.



⚠ WARNING

The intent of the foot prop is to elevate a patient's feet. To avoid injury while cleaning or servicing under the foot section, secure the foot section with string or bungee cords or hold it up out of the way.

⚠ CAUTION

Do not raise the Back while the foot prop is being used to elevate the patient's feet. Damage to the siderails could occur.

POSITIONING SIDERAILS

NOTE
The head end siderails can be locked at two heights (intermediate & full). The foot end siderails lock in the full up position only.

- The siderails can be tucked away under the bed when not in use. To remove the rail from the tucked position, grasp the handle on the siderail panel and pull outward.
- To engage the head end siderail, grasp the rail and swing it upward toward the head end of the bed until it rests in the ”intermediate” position. To continue to full height, push in the blue release handle (A) and rotate the siderail until full height is reached.
- To engage the foot end siderail, the same procedure is required as for the head end siderail, however, the siderail swings to the foot end of the bed.

⚠ WARNING

Leave the siderails fully up and locked when the patient is unattended. After raising the siderails, pull firmly on the siderail to ensure it is securely locked into the up position. Siderails are not intended to serve as a patient restraint device to keep patients from exiting the bed. Siderails are designed to keep a patient from inadvertently rolling off the bed. It is the responsibility of the attending medical personnel to determine the degree of restraint necessary to ensure a patient will remain in bed. Failure to utilize the siderails properly could result in patient injury.

⚠ CAUTION

The siderails are not intended to be used as a push device. Damage to the siderails could occur.

NOTE
For the Back to raise to 90°, both head end siderails must be in the intermediate or down position.

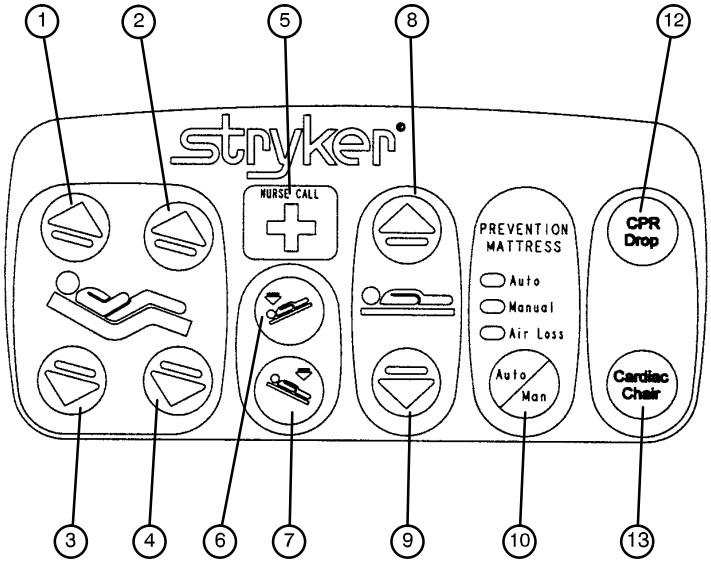
SIDERAIL CONTROL PANEL LIGHTS

- The head end siderails are equipped with lights to illuminate the siderail control buttons and the nurse call switch. The lights are activated at the foot board control panel.
- There are three settings for the intensity of the siderail control lights: low, medium and high. When all the siderail lights are off, push the siderail control light button on the foot board once to turn on both the control lights and the nurse call indicator light. Push the button again to change the siderail control lights from low to medium setting, and again to change to the high setting. (The intensity of the nurse call indicator light does not change.)
- When all the siderail lights are on, pushing the button once will turn off only the siderail control lights and pushing it again will turn off the nurse call indicator light (see control panel guide page 13).

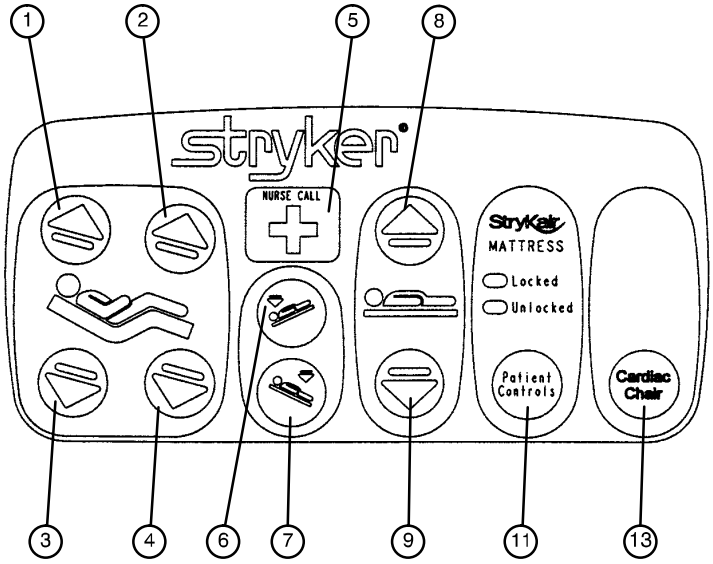
⚠ WARNING

The intent of the nurse call indicator light on the siderails is to ensure the patient understands where the button is for contacting the nurse station. Turning this light off will compromise this ability, especially in a darkened room.

OUTSIDE SIDERAIL FUNCTION GUIDE



Beds With All Options (Including DMS Mattress)



Beds With All Options (Including StryKair Mattress)

1. Press to raise back section.
2. Press to raise knee section.
3. Press to lower back section.
4. Press to lower knee section.
5. Press to activate nurse call.

▶ This function is optional equipment.

6. Press to lower the head end of the bed (Trendelenburg).
7. Press to lower the foot end of the bed (Reverse Trendelenburg).
8. Press to raise the litter.
9. Press to lower the litter.
10. There are two prevention mattress systems available with two different sets of siderail controls: If the bed is equipped with a Dynamic Mattress System™, press to activate the automatic or manual operation of the DMS. The LED will light to indicate which mode is activated.
11. If the bed is equipped with a StryKair™ Mattress, press to lock out patient control of the StryKair™ Mattress. (See the StryKair™ operations manual for more detailed instructions).

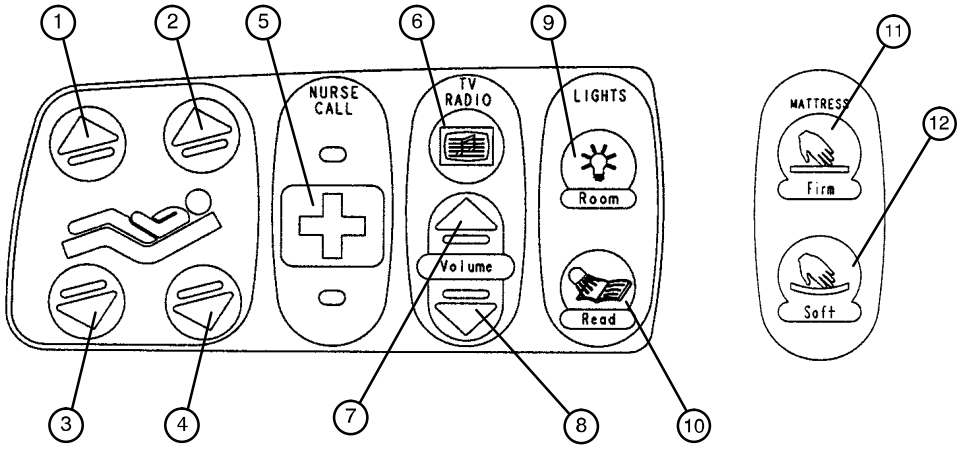
▶ These functions are optional equipment.

12. Press to activate emergency CPR positioning.
13. Press to activate Cardiac Chair positioning.

⚠ WARNING

When attaching equipment to the bed, ensure it will not impede normal bed operation. For example: hooks on hanging equipment must not actuate control buttons, equipment must not hide the nurse call button, etc.

INSIDE SIDERAIL FUNCTION GUIDE



Beds with All Options (Including Standard TV/Radio)

1. Press to raise knee section.
2. Press to raise back section.
3. Press to lower knee section.
4. Press to lower back section.

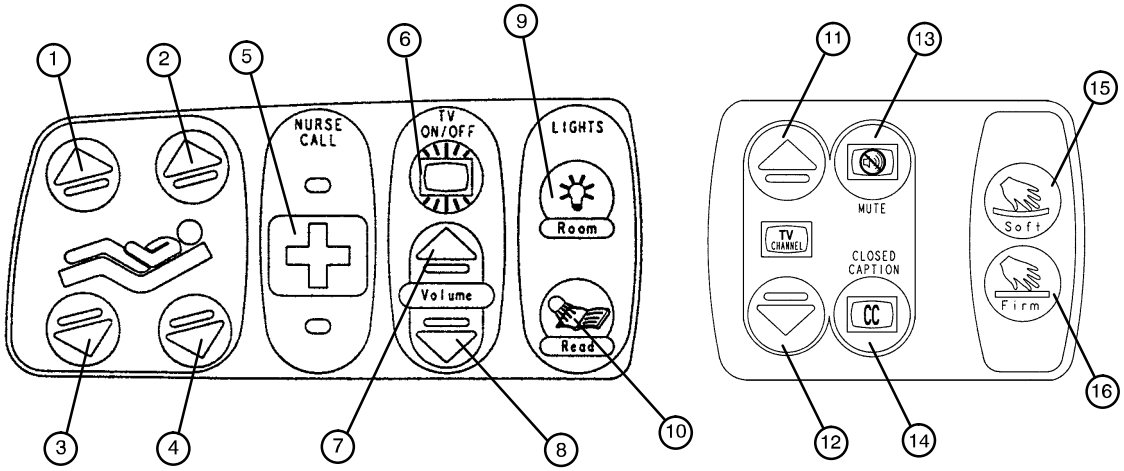
▶ The following functions are optional equipment.

5. Press to activate the nurse call.
6. Press to turn on the TV or radio. Press again to change TV channels and to turn off the TV.
7. Press to increase the TV or radio volume.
8. Press to decrease the TV or radio volume.
9. Press to turn on the room lights. Press again to turn off.
10. Press to turn on the reading light. Press again to turn off.
11. Press to increase the firmness of the mattress.
12. Press to decrease the firmness of the mattress.

⚠ WARNING

When attaching equipment to the bed, ensure it will not impede normal bed operation. For example: hooks on hanging equipment must not actuate control buttons, equipment must not hide the nurse call button, etc.

INSIDE SIDERAIL FUNCTION GUIDE



Beds with All Options (Including Smart TV)

1. Press to raise knee section.
2. Press to raise back section.
3. Press to lower knee section.
4. Press to lower back section.

▶ The following functions are optional equipment.

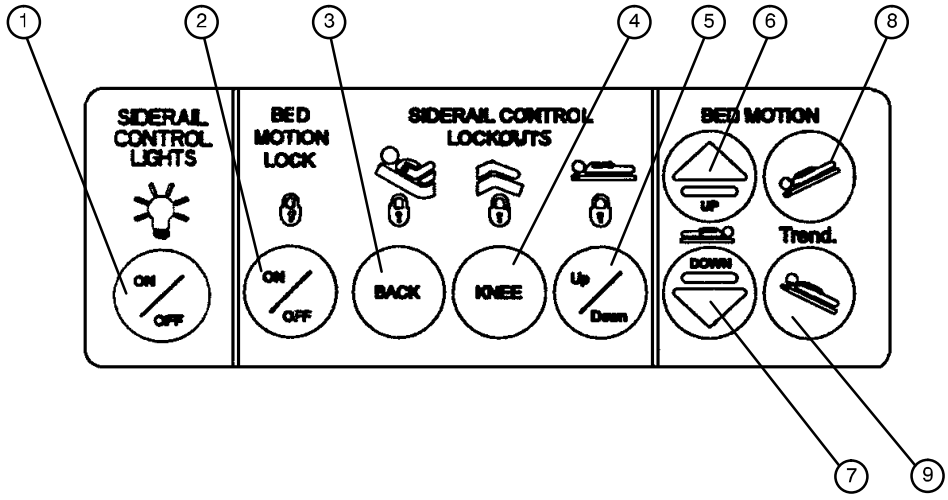
5. Press to activate the nurse call.
6. Press to turn the TV on. Press again to turn off the TV.
7. Press to increase the TV or radio volume.
8. Press to decrease the TV or radio volume.
9. Press to turn on the room lights. Press again to turn off.
10. Press to turn on the reading light. Press again to turn off.
11. Press to change the TV channel up.
12. Press to change the TV channel down.
13. Press to mute the TV sound. Press again to turn the sound back on.
14. Press to display TV closed captioning.
15. Press to increase the firmness of the mattress.
16. Press to decrease the firmness of the mattress.

⚠ WARNING

When attaching equipment to the bed, ensure it will not impede normal bed operation. For example: hooks on hanging equipment must not actuate control buttons, equipment must not hide the nurse call button, etc.

Foot Board Operation Guide

FOOT BOARD CONTROL PANEL GUIDE



1. Press repeatedly for low, medium and high settings for the siderail control lights. Continue to press this switch to turn off the siderail control lights and the nurse call indicator light (see page 9).
2. Press to lock out all bed motion controls on the siderails. Press again to unlock.
3. Press to lock out Back motion control on the siderails. Press again to unlock.
4. Press to lock out Knee motion control on the siderails. Press again to unlock.
5. Press to lock out bed up/down motion controls on the siderails. Press again to unlock.
6. Press to raise bed.
7. Press to lower bed.
8. Press to lower head end of bed (Trendelenburg).
9. Press to lower foot end of bed (Reverse Trendelenburg).

⚠ **WARNING**

When attaching equipment to the bed, ensure it will not impede normal bed operation. For example: hooks on hanging equipment must not actuate control buttons, equipment must not hide the nurse call button, etc.

FOOT BOARD CONTROL PANEL GUIDE (CONTINUED)

Led Display Panel Guide

The LED Display Panel is located at the foot end of the bed, below the Control Panel.

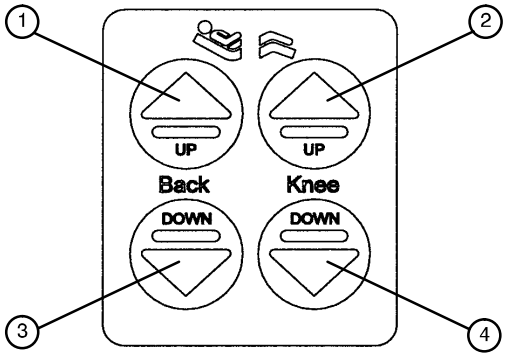
”POWER” – will light when the bed is plugged into the wall receptacle. Will blink if the 9V Nurse Call battery needs to be replaced.

”BED MOTION LOCKED” – will light when the Bed Motion Lock has been activated.

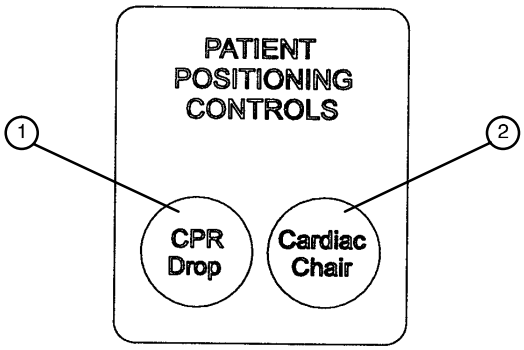
Function Lockout System Usage

1. To lock out all bed motion switches on the bed, press the ”ON/OFF” switch in the ”Siderail Control Lockouts” module. The “padlock” symbol on the control panel will be lighted when that function is locked out.
2. To lock out the bed movement functions on the siderails and prevent the patient from changing the posi–tioning of the bed, press the ”BACK” or ”KNEE” switch in the ”Siderail Control Lockouts” module. The ”padlock” symbol on the control panel will be lighted when that function is locked out.
3. To lock out the bed up/down motion on the siderails, press the Up/Down switch in the ”Siderail Control Lockouts” module. The “padlock” symbol on the control panel will be lighted when that function is locked out.

FOOT BOARD CONTROL PANEL GUIDE (CONTINUED)

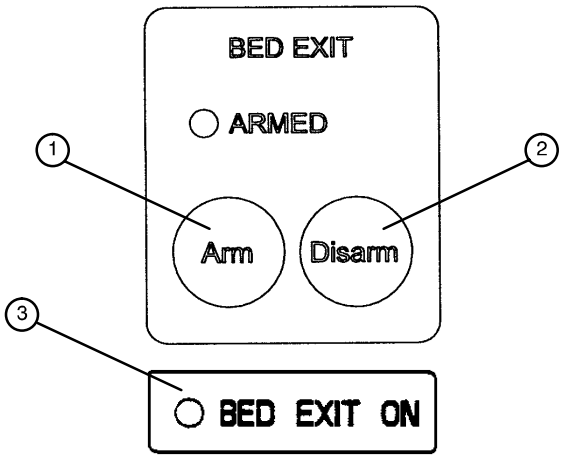


1. Press to raise back section.
2. Press to raise knee section.
3. Press to lower back section.
4. Press to lower knee section.



1. Press to activate the emergency CPR drop function. The bed will level from Trendelenburg/reverse Trendelenburg, the Fowler will lower to flat, the Knee will lower to flat and the litter will lower to full down.
2. Press to activate the Cardiac Chair function. The Knee will raise, the Fowler will raise or lower to 51° and the bed will tilt to –10° reverse Trendelenburg (foot end down). Release the button to stop bed movement: hold the button until movement stops to complete the function.

FOOT BOARD CONTROL PANEL GUIDE (CONTINUED)



1. Press to arm the Bed Exit function.
2. Press to disarm the Bed Exit function.
3. “BED EXIT ON” LED – will light when the BED EXIT function is armed. Serves as the Bed Exit indicator light when the foot board lid is closed.

▶ This panel is optional equipment.

Operating Bed Exit System

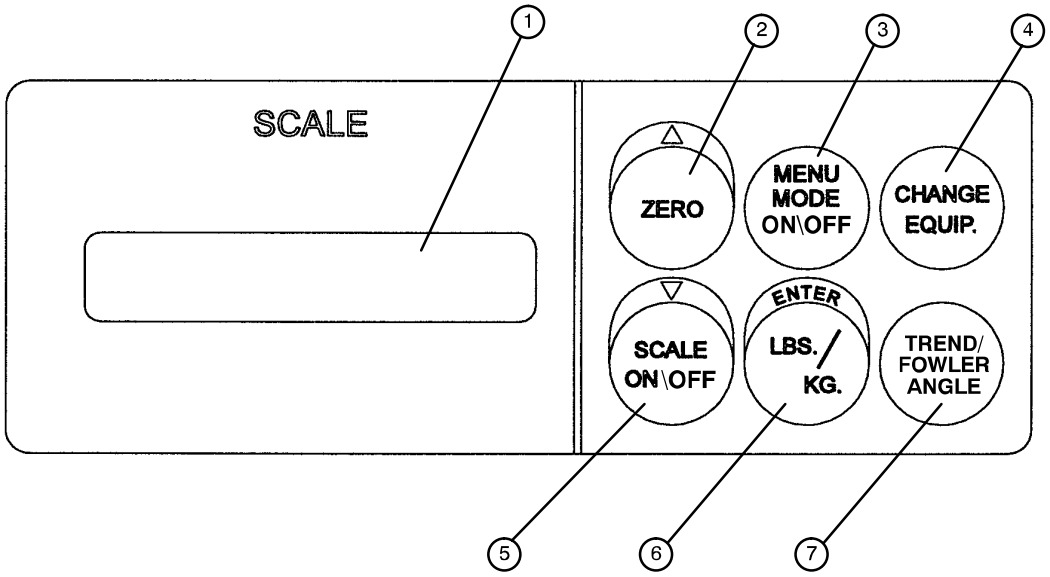
NOTE
When the bed is equipped with scales, the scales must be zeroed for the Bed Exit System to function properly (see page 18). Bed Exit must be disarmed before the scales can be zeroed.

- Before putting a new patient on the bed: prepare the bed for patient stay by adding linens and equipment to the bed. Press and hold the ”ARM” and ”DISARM” keys together for 5 seconds. The ”ARMED” light will begin to flash. Release the ”ARM” and ”DISARM” keys and do not touch the bed until the ”ARMED” light stops flashing.
- After the “ARMED” light stops flashing, place the new patient is on the bed. Push and release the ”ARM” key. The ”BED EXIT ON” light will come on.
- To deactivate Bed Exit, push ”DISARM”. The ”ARMED” and ”BED EXIT ON” LED’s will turn off.

⚠ WARNING

The Bed Exit System is intended only to aid in the detection of a patient exiting the bed. It is NOT intended to replace patient monitoring protocol. The bed exit system signals when a patient is about to exit. Adding or subtracting objects from the bed after arming the bed exit system may cause a reduction in the sensitivity of the bed exit system.

WEIGH SYSTEM CONTROL PANEL GUIDE



1. LCD – displays patient weight. Trendelenburg angle is displayed when the scale is not active.
2. Press to zero bed (see page 18). Also press to scroll while Menu Mode is active.
3. Press to enter and exit the Menu Mode.
4. Press when adding or removing equipment to the bed (see page 19).
5. Press to turn weigh system on and off. Also press to scroll while Menu Mode is active.
6. Press to change weight from pounds to kilograms or back (see page 20). Also press while using the Menu Mode.
7. Press to display the Trendelenburg or Fowler angle of the bed (see page 20).

NOTE
If weight is displayed, SCALE ON/OFF must be pressed to turn off the scale before the Trend. or Fowler angle will display.

For more detailed operating instructions see the following:

1. Preparing The Bed For Patient Stay – page 18
2. Activating the Weigh System and Displaying Patient Weight – page 18
3. Adding or Removing Items During a Patient's Stay – page 19
4. Displaying Trendelenburg or Fowler Angle – page 20
5. Converting the Patient's Weight – page 20
6. Viewing Patient Weight In Gain/Loss Mode – page 21
7. Changing the Numerical Value Of Displayed Weight – page 22

▶ This panel is optional equipment.

PREPARING THE BED FOR PATIENT STAY

- Prepare bed for patient stay by adding/removing linens, pillows, etc.
- Press and release

The scale monitor will read:

"LET GO FOR SCALE"

"WEIGHING"

"XXX.X LB"

- Press and hold

The scale monitor will read:

"HOLD TO ZERO WT."

"RELEASE TO ZERO"

- Release

The scale monitor will now read:

"DO NOT TOUCH BED"

"0.0 LB"

The bed is now ready for the patient.

NOTE
If Bed Exit is armed, it must be disarmed before the scales can be zeroed.

NOTE
Do not zero the bed while a patient is in bed. If this should occur, remove the patient and zero the bed.

ACTIVATING THE WEIGH SYSTEM AND DISPLAYING PATIENT WEIGHT

- Press and release

The scale monitor will read:

"LET GO FOR SCALE"

"WEIGHING"

"XXX.X LB"

ADDING OR REMOVING ITEMS DURING A PATIENT'S STAY

- If it is necessary to add or remove items (monitors, pumps, etc.) during the patient's stay, press and release

to activate the weigh system. After the scale monitor reads: "XXX.X LB", press and hold

The scale monitor will read:

"HOLD TO START"

"RELEASE TO START"

- Release

The scale monitor will read:

"DO NOT TOUCH BED"

"ADD/REMOVE EQUIP."

- Add or remove the equipment and press

The scale monitor will read:

"RELEASE TO FIN."

- Release

The scale monitor will read:

"DO NOT TOUCH BED"

"XXX.X LB"

The weight displayed will be that of the patient only.

- If the CHANGE EQUIPMENT function is started but not finished, after 50 seconds the monitor will read:

"HIT CH. EQ. TO END"

- Press

The scale monitor will read:

"RELEASE TO FIN."

- Release

The scale monitor will read:

"DO NOT TOUCH BED"

"XXX.X LB"

DISPLAYING TRENDELENBURG OR FOWLER ANGLE

- If scale system is on, press and hold

The scale monitor will read:

"EXIT SCALE"

"TREND ANGLE X°"

or

"FOWLER ANGLE X°"

- If scale system is not active, press and hold

The scale monitor will read:

"LET GO FOR FOWL"

"FOWLER ANGLE X°"

or

"LET GO FOR TREND"

"TREND ANGLE X°"

CONVERTING THE PATIENT'S WEIGHT

- Press and release

The scale monitor will read:

"WEIGHT NOW KGS"

"XXX.X KG"

- Repeat the procedure to return to pounds. The display will read:

"WEIGHT NOW LBS"

"XXX.X LB"

VIEWING PATIENT WEIGHT IN GAIN/LOSS MODE

- To view the patient's weight and to begin totaling the amount of weight the patient has gained or lost, press

to activate the weigh system. The scale monitor will read:

"LET GO FOR SCALE"

- Press

to enter the Menu Mode. The scale monitor will read:

"▲▼ FOR OPTIONS"

- Press

to scroll menu options. The scale monitor will read:

"START GAIN/LOSS"

"PUSH ENTER"

- Press

The scale monitor will read:

"DO NOT TOUCH BED"

"XXX.X LB G XX.X"

- To exit Gain/Loss mode, press

to enter the Menu Mode. The scale monitor will read:

"▲▼ FOR OPTIONS"

- Press

to scroll menu options. The scale monitor will read:

"QUIT GAIN/LOSS"

"PUSH ENTER"

- Press

The scale monitor will read:

"XXX.X LB"

CHANGING THE NUMERICAL VALUE OF DISPLAYED WEIGHT

- To decrease the numerical value of the displayed weight, press

to activate the weigh system.

  The scale monitor will read:

  "LET GO FOR SCALE"

  "XXX.X LB"

- Press

to enter the Menu Mode. The scale monitor will read:

  "▲▼ FOR OPTIONS"

- Press

to scroll menu options. The scale monitor will read:

  "CHNG. PTNT. WGT."

  "PUSH ENTER"

- Press

The scale monitor will read:

  "HOLD ▲ TO INC.
  ▼ TO DEC."

- Press

to decrease the displayed weight or

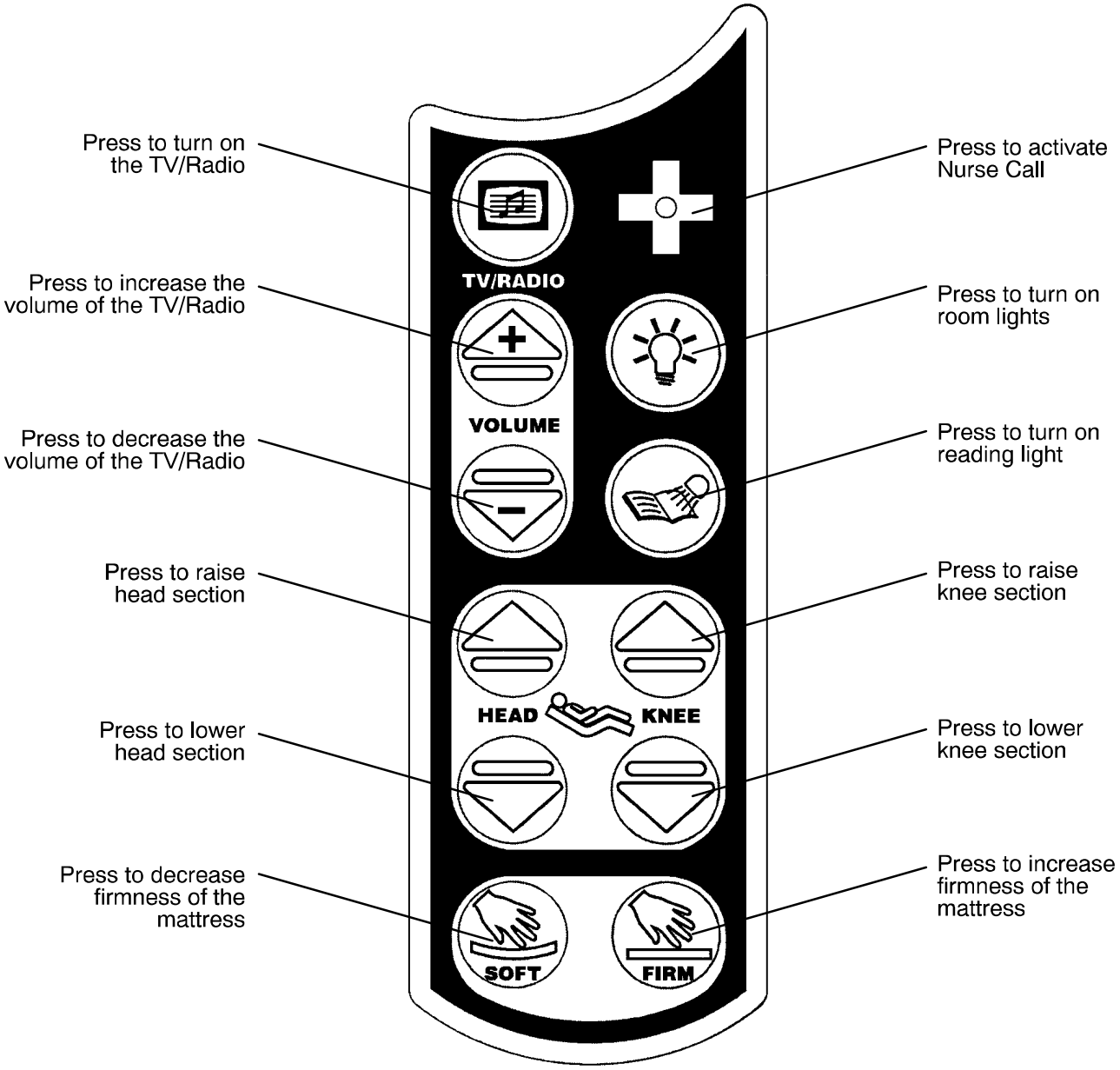
to increase the displayed weight.

- Once the desired weight is displayed, press

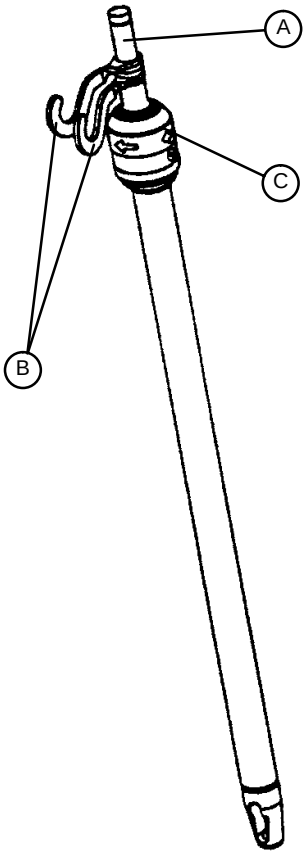
The scale monitor will read:

  "XXX.X LB"

Optional Pendant Operation


Press to turn on the TV/Radio
Press to increase the volume of the TV/Radio
Press to decrease the volume of the TV/Radio
Press to raise head section
Press to lower head section
Press to decrease firmness of the mattress
TV/RADIO
VOLUME
HEAD
KNEE
SOFT
FIRM
Press to activate Nurse Call
Press to turn on room lights
Press to turn on reading light
Press to raise knee section
Press to lower knee section
Press to increase firmness of the mattress

OPERATING I.V. POLES



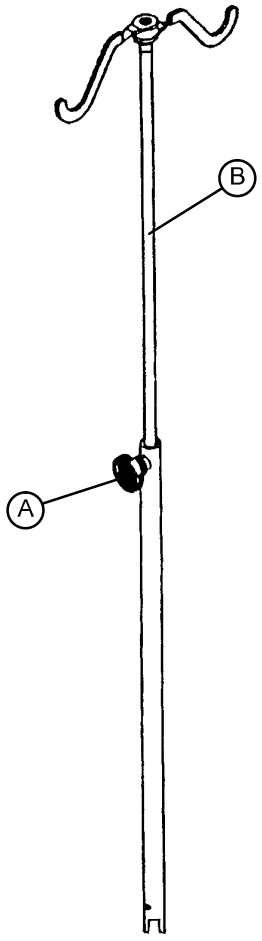
To use the 2–Stage Permanently Attached I.V. pole:

NOTE
The 2–stage permanently attached I.V. pole is an option and may have been installed at either the head, foot or both ends of the stretcher. The choice was made at the time the stretcher was purchased.

1. Lift and pivot the pole from the storage position and push down until it is locked into the receptacle.
2. To raise the height of the pole, pull up on the telescoping portion (A) until it locks into place at its fully raised position.
3. Rotate the I.V. hangers (B) to desired position and hang I.V. bags.
4. To lower the I.V. pole turn the latch (C) clockwise until section (A) lowers.

⚠ CAUTION

The weight of the I.V. bags should not exceed 40 pounds.



To use the "Removable" I.V. pole:

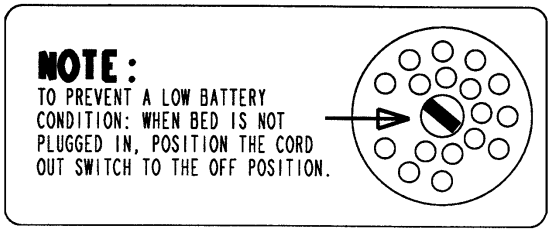
1. Install the pole at any of the four receptacles on the bed top (located on all four corners of the bed.)
2. To raise the height of the pole, turn knob (A) counterclockwise and pull up on the telescoping portion (B) of the pole and raise it to the desired height.
3. Turn knob (A) clockwise to tighten the telescoping portion in place.

⚠ CAUTION

The weight of the I.V. bags should not exceed 40 pounds.

NURSE CALL BATTERY

To prevent a low battery condition when the bed is not plugged in, position the cord out switch at the head end of the bed to the off position. The switch is identified by the label shown below. If the switch is not positioned as shown below and the bed power cord and pendant cord are unplugged, the life of the back–up battery will be significantly reduced.
If the power light (located on the foot board) is flashing, the Nurse Call battery needs to be replaced. The battery is located on the patient's left side at the head end of the bed. No tools are required to replace the battery. Unplug the bed power cord from the wall socket and replace the battery.



MAIN BED POWER CIRCUIT BREAKER

In the event of a loss of bed functions, unplug the bed power cord from the wall socket and reset the circuit breaker(s) located under the bed on the patient's left side. Plug the bed into a properly grounded wall receptacle and follow the set–up procedures listed on page 5.

MAINTENANCE CHECKLIST

_____ All fasteners secure
_____ Engage brake pedal and push on the bed to ensure all casters lock securely
_____ Optional locking steer caster engages and disengages properly
_____ Siderails move, latch and stow properly
_____ All functions on siderails working properly (including LED's)
_____ CPR release working properly
_____ Foot prop intact and working properly
_____ I.V. pole working properly
_____ Foley bag hooks intact
_____ Chart rack intact and working properly
_____ CPR board not cracked or damaged and stores properly
_____ No cracks or splits in head and foot boards
_____ All functions on footboard working properly (including LED's)
_____ No rips or cracks in mattress cover
_____ No hydraulic hoses worn, kinked, or leaking
_____ No leaks at hydraulic connections
_____ Power cord not frayed
_____ No cables worn or pinched
_____ All electrical connections tight
_____ All grounds secure to the frame
_____ Ground impedence not more than 100 milliohms
_____ Current leakage not more than 100 microamps
_____ Apply grease to litter grease points

Bed Serial No. _____ _____
_____ _____
_____ _____
_____ _____

Completed By:_____ Date:_____

Hand wash all surfaces of the bed with warm water and mild detergent. Dry thoroughly. DO NOT STEAM CLEAN, PRESSURE WASH, HOSE OFF OR ULTRASONICALLY CLEAN. Using these methods of cleaning is **not** recommended and may void this product's warranty.
Clean Velcro **AFTER EACH USE**. Saturate Velcro with disinfectant and allow disinfectant to evaporate. (Appropriate disinfectant for nylon Velcro should be determined by the hospital.)

In general, when used in those concentrations recommended by the manufacturer, either phenolic type or quaternary type disinfectants can be used. Iodophor type disinfectants are not recommended for use because staining may result. The following products have been tested and have been found not to have a harmful effect WHEN USED IN ACCORDANCE WITH MANUFACTURERS RECOMMENDED DILUTION.*

TRADE NAME	DISINFECTANT TYPE	MANUFACTURER	*MANUFACTURER'S RECOMMENDED DILUTION
A33	Quaternary	Airwick (Professional Products Division)	2 ounces/gallon
A33 (dry)	Quaternary	Airwick (Professional Products Division)	1/2 ounce/gallon
Beaucoup	Phenolic	Huntington Laboratories	1 ounce/gallon
Blue Chip	Quaternary	S.C. Johnson	2 ounces/gallon
Elimstaph	Quaternary	Walter G. Legge	1 ounce/gallon
Franklin Phenomysan F2500	Phenolic	Purex Corporation	1 1/4 ounce/gallon
Franklin Sentinel	Quaternary	Purex Corporation	2 ounces/gallon
Galahad	Phenolic	Puritan Churchill Chemical Company	1 ounce/gallon
Hi–Tor	Quaternary	Huntington Laboratories	1/2 ounce/gallon
LPH	Phenolic	Vestal Laboratories	1/2 ounce/gallon
Matar	Phenolic	Huntington Laboratories	1/2 ounce/gallon
Omega	Quaternary	Airwick (Professional Products Division)	1/2 ounce/gallon
Quanto	Quaternary	Huntington Laboratories	1 ounce/gallon
Sanikleen	Quaternary	West Chemical Products	2 ounces/ gallon
Sanimaster II	Quaternary	Service Master	1 ounce/gallon
Vesphene	Phenolic	Vestal Laboratories	1 1/4 ounce/ gallon

Quaternary Germicidal Disinfectants, used as directed, and/or Chlorine Bleach products, typically 5.25% Sodium Hypochlorite in **dilutions ranging between 1 part bleach to 100 parts water, and 2 parts bleach to 100 parts water are not considered mild detergents. These products are corrosive in nature and may cause damage to your stretcher if used improperly.** If these types of products are used to clean Stryker patient handling equipment, measures must be taken to insure the stretchers are rinsed with clean water and thoroughly dried following cleaning. Failure to properly rinse and dry the stretchers will leave a corrosive residue on the surface of the stretcher, possibly causing premature corrosion of critical components.

NOTE

Failure to follow the above directions when using these types of cleaners may void this product's warranty.

REMOVAL OF IODINE COMPOUNDS

This solution may be used to remove iodine stains from mattress cover and foam footrest pad surfaces.

1. Use a solution of 1–2 tablespoons Sodium Thiosulfate in a pint of warm water to clean the stained area. Clean as soon as possible after staining occurs. If stains are not immediately removed, allow solution to soak or stand on the surface.
2. Rinse surfaces which have been exposed to the solution in clear water before returning bed to service.

Warranty

Limited Warranty:

Stryker Medical Division, a division of Stryker Corporation, warrants to the original purchaser that its products should be free from defects in material and workmanship for a period of one (1) year after date of delivery. Stryker's obligation under this warranty is expressly limited to supplying replacement parts and labor for, or replacing, at its option, any product which is, in the sole discretion of Stryker, found to be defective. Stryker warrants to the original purchaser that the frame and welds on its beds will be free from structural defects for as long as the original purchaser owns the bed. If requested by Stryker, products or parts for which a warranty claim is made shall be returned prepaid to Stryker's factory. Any improper use or any alteration or repair by others in such manner as in Stryker's judgement affects the product materially and adversely shall void this warranty. No employee or representative of Stryker is authorized to change this warranty in any way.

This statement constitutes Stryker's entire warranty with respect to the aforesaid equipment. STRYKER MAKES NO OTHER WARRANTY OR REPRESENTATION, EITHER EXPRESSED OR IMPLIED, EXCEPT AS SET FORTH HEREIN. THERE IS NO WARRANTY OF MERCHANTABILITY AND THERE ARE NO WARRANTIES OF FITNESS FOR ANY PARTICULAR PURPOSE. IN NO EVENT SHALL STRYKER BE LIABLE HEREUNDER FOR INCIDENTAL OR CONSEQUENTIAL DAMAGES ARISING FROM OR IN ANY MANNER RELATED TO SALES OR USE OF ANY SUCH EQUIPMENT.

To Obtain Parts and Service:

Stryker products are supported by a nationwide network of dedicated Stryker Field Service Representatives. These representatives are factory trained, available locally, and carry a substantial spare parts inventory to minimize repair time. Simply call your local representative, or call Stryker Customer Service at (800) 327–0770.

Supplemental Warranty Coverage:

Stryker has developed a comprehensive program of extended warranty options designed to keep your equipment operating at peak performance at the same time it eliminates unexpected costs. We recommend that these programs be activated *before* the expiration of the new product warranty to eliminate the potential of additional equipment upgrade charges. Stryker offers the following Supplemental Warranties:

Extended (Parts and Labor)

- All replacement parts (excluding mattresses and consumable items)
- Labor and travel for *all* scheduled and unscheduled calls
- Annual Preventive Maintenance Inspections and repairs
- JCAHO paperwork for preventive maintenance
- Priority Emergency Service

Standard (Labor Only):

- Labor and travel for *all* scheduled and unscheduled calls
- Annual Preventive Maintenance Inspections and repairs
- JCAHO paperwork for preventive maintenance
- Priority Emergency Service

Basic (Parts Only):

- All replacement parts (excluding mattresses and consumable items)
- Priority Emergency Service

Please call your local representative, or call (800) 327–0770 for further information

Return Authorization:

Merchandise cannot be returned without approval from the Stryker Customer Service Department. An authorization number will be provided which must be printed on the returned merchandise. Stryker reserves the right to charge shipping and restocking fees on returned items.

SPECIAL, MODIFIED, OR DISCONTINUED ITEMS NOT SUBJECT TO RETURN.

Damaged Merchandise:

ICC Regulations require that claims for damaged merchandise must be made with the carrier within fifteen (15) days of receipt of merchandise. DO NOT ACCEPT DAMAGED SHIPMENTS UNLESS SUCH DAMAGE IS NOTED ON THE DELIVERY RECEIPT AT THE TIME OF RECEIPT. Upon prompt notification, Stryker will file a freight claim with the appropriate carrier for damages incurred. Claim will be limited in amount to the actual replacement cost. In the event that this information is not received by Stryker within the fifteen (15) day period following the delivery of the merchandise, or the damage was not noted on the delivery receipt at the time of receipt, the customer will be responsible for payment of the original invoice in full.

Claims for any short shipment must be made within thirty (30) days of invoice.

International Warranty Clause:

This warranty reflects U.S. domestic policy. Warranty outside the U.S. may vary by country. Please contact your local Stryker Medical representative for additional information.

European Representative

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